

To aid in the prosecution of bad check cases, please fill out the following information and present at the time of filing the check.

**PARTY WHO RECEIVED CHECK:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Reported By: \_\_\_\_\_  
(Person Submitting This Form)

**DATE CHECK RECEIVED:** \_\_\_\_\_ **AMOUNT OF CHECK: \$** \_\_\_\_\_

**PERSON PASSING CHECK:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Description if known: \_\_\_\_\_

**IDENTIFICATION USED BY PASSER:** \_\_\_\_\_  
(Driver's License Number, etc.)

**DATE OF BIRTH:** \_\_\_\_\_

**PERSON WHO ACCEPTED CHECK:** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Position: \_\_\_\_\_

Is the person who accepted the check able to identify the individual who wrote the check? \_\_\_\_\_

**RECEIVED CHECK FOR:** \_\_\_\_\_ **CASH RECEIVED: \$** \_\_\_\_\_

**REASON CHECK WAS RETURNED:** \_\_\_\_\_  
(Insufficient Funds, Account Closed, Forgery)

**PLEASE CIRCLE "YES" OR "NO" ON EACH OF THE FOLLOWING:**

Was check presented in York County, Nebraska?	Yes	No
Was check postdated?	Yes	No
Was partial payment accepted?	Yes	No
Was check in payment of account?	Yes	No
Was there an agreement to hold check?	Yes	No
Was Passer notified by <u>MAIL</u> of said check?	Yes	No
Have you been notified that the passer has filed bankruptcy proceedings on this check?	Yes	No

**PLEASE NOTIFY THE PASSER OF CHECK AT LEAST ONCE BY MAIL BEFORE TURNING OVER TO THE COUNTY ATTORNEY'S OFFICE FOR COLLECTION.**

We hereby authorize the County Attorney to institute criminal action against the maker of the check. I understand that it is criminal offense to provide false information concerning the facts set forth on this form. It is understood that should the defendant desire to pay the amount of the check, he/she must make payment directly to the business.

Signature \_\_\_\_\_

Date Received by York County Attorney's Office: \_\_\_\_\_